Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEITIAI N	avertue Salvice								
Submis	sion Identification Number (SID)								
Taxpayer	's name	Social secur	ity numl	er					
MOHA	MMED FAIZAN JALADEKAR	745-66-6150							
Spouse's		Spouse's social security number							
Part	, ,	year you	are au	thoriz	ing.)				
	hole dollars only on lines 1 through 5. form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income		1 1		35	834.			
	Total tax		2			$\frac{634.}{417.}$			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			132.			
	Amount you want refunded to you		4			715.			
	Amount you owe		5			113.			
Part I		eep a co	y of y	our r	eturr	<u>n)</u>			
my know return (o to send for any o Agent to paymen authoriz paymen business taxes to persona	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectlely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the purple identification number (PIN) below is my signature for the income tax return (original or amended) I aric Funds Withdrawal Consent.	e are the an tter, or elect ction of the S. Treasury a cated in the n to debit th the authorize ests must be processing of ayment. I fu	ronic re- transmistand its of tax preperentry eation. The receipt the elerther ac-	rom the turn or the turn or the signal or this for revolution to the tectronic knowledge or the tectronic knowledge or the tectronic knowledge or the tectronic tectro	ie inco iginato (b) the ated Fin softwaccou oke (ca o later ic payredge t	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the			
	er's PIN: check one box only								
X	I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN	6 2	L 5	0	as my			
• •	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř E	nter five on't ente		but	ao my			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.								
Your sig	gnature ▶ Date ▶								
Spous	e's PIN: check one box only								
Ороцо	I authorize to enter or generate r	ny PINI				as my			
	ERO firm name		nter five	digits,		asiny			
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.		_			-			
Spouse	s's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part II	Certification and Authentication — Practitioner PIN Method Only								
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1			
		Don't en							
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this re	urn in a	accord	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To D	o So							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	and m	niddle initial	Last nan	ne							Your so	cial sec	curity number
MOHAMMEI) FA	IZAN	JALAI	DEKAR							745	66	6150
		s first name and middle initial	Last nan										security numbe
	,	er and street). If you have a P.O. box, see	instructio	ns.				<i> P</i>	Apt. no.	1			ection Campaig
		TON RD NW ice. If you have a foreign address, also co	malata an	aaaa bal	014	Sta	+0	ZIP c	odo.				ou, or your jointly, want \$3
, , ,	JUST UIII	ice. Il you have a loreigh address, also co	ilibiere sh	aces ben	Ow.	NC		280			to go to	this fu	nd. Checking a
CONCORD Foreign countr	v name		l F	oreian pr	ovince/state/				n postal c		box bel		not change
r oroigir oodirii	y mamo			oroigir pi	ovinioo, otato, v	Journ	.,	1 01019	jii pootai o		your tu	Y	
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	 -			
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name of	f your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depend	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payr	nent for prope	rty or	services); or (b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asset	(or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	□ Ye	es 🛚 No
Standard	Son	neone can claim: 🗌 You as a de	pendent		Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	use	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for ((see instructions)
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependent
than four									[
dependents, see instruction	s —								[
and check	, —									<u> </u>			<u> </u>
here L												_	42.050
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		43,859.
Attach Form(s)	b	Household employee wages not re	•								1b		
W-2 here. Also attach Forms	۲ C	Tip income not reported on line 1a Medicaid waiver payments not rep	•		•						10		
W-2G and	d	Taxable dependent care benefits for		` '	,	istru	ictions)			• •	1d 1e		
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f		
If you did not		Wages from Form 8919, line 6.	1115 110111	1 01111 00	559, III le 29	•					1g		
get a Form	g h	Other earned income (see instruct	ions) .								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,					Ϊ.					
instructions.	Z	Add lines 1a through 1h	300 111311	20110110)		•					1z		43,859.
Attach Sch. B	<u>-</u>		2a		· · i	b Т	axable interes	t .			2b		, •
if required.	3a	·	3a				ordinary divide				3b		
	4a	· —	4a				axable amoun				4b		
Standard Deduction for—	5a	_	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection m	nethod,	check here					. [
\$13,850	7	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						7					
 Married filing jointly or 	8	Additional income from Schedule	1, line 10)							8		-8,025.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	Γhis is yo	our total inc	ome	e				9		35,834.
\$27,700	10	Adjustments to income from Sche	dule 1, lii	ne 26							10		
Head of household,	11	Subtract line 10 from line 9. This is	s your ad	ljusted (gross incor	ne					11		35,834.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (fror	m Schedule	A)					12		13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13		
Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loce	ontar -	O Thio io v	Our t	tavabla incom	•			15	- 1	21 994

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		. 16	2,417.
Credits	17	Amount from Schedule 2, line	93					. 17	
	18	Add lines 16 and 17						. 18	2,417.
	19	Child tax credit or credit for c	ther dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	2,417.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is y	our total tax					. 24	2,417.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	5,13	32.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions))			25c			
	d	Add lines 25a through 25c .						. 25d	5,132.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return			. 26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit f	rom Form 8863	8, line 8 . .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ındable cred	lits .	. 32	
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				. 33	5,132.
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amour	nt you overp a	aid .	. 34	2,715.
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, ched	ck here .		☐ 35a	2,715.
Direct deposit?	b	Routing number 0 5 3			,	Checking	Savir	ngs	
See instructions.	d	Account number 2 3 7	0 5 0 2	3 8 4 2	2 0				
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.					
You Owe		For details on how to pay, go	_	-				. 37	
	38	Estimated tax penalty (see ins	structions) .			38			
Third Party		you want to allow another	•			_			
Designee		structions					•	ete below.	⊠ No
		esignee's me		Phone no.			Personal i number (F	dentification IN)	
Sign	Un	der penalties of perjury, I declare that	at I have examined	d this return and	accompanying sche	dules and state	ments, an	d to the best	of my knowledge and
Here	be	lief, they are true, correct, and comp	lete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all infor	mation of	which prepar	er has any knowledge.
Here	Your signature			Date	Your occupation		If the IRS sent you an Identity		
								Protection P (see inst.)	IN, enter it here
Joint return? See instructions.		annala alamatura. If a lalat ratura le	ath mount ainm	Dete	SOFTWARE E		· ,		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupati		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		one no. (704)791-6072)	Email address) Q @ C M T T	COM	/	
		(,01),31 00,12	Preparer's signat		FAIZANMOD(Date	PTI	N	Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			מווסיים ייאד.ד.אאו	02/13/20		2082703	Self-employed
Preparer				אאטאט ויואזו	OUTIA TALLIAM	102/13/20			678)965-9522
Use Only		m's name GLOBAL TAX m's address 245 ROONEY		MCWTCK M	J 08816			Firm's EIN	· · · · · · · · · · · · · · · · · · ·
	<u>'</u>	1040C : L : L : L : L : L : L : L : L : L :	DKU	TADATOK IN	3 00010			I IIII S LIIV	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MOHAMMED FAIZAN JALADEKAR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 745-66-6150

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-8,025.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040. 1040-SR. or 1040-NR. line 8		10	-8,025.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

2023	3	
Attachment Sequence No. 1	3	

OMB No. 1545-0074

MOHA	MMED FAIZAN JALADEKAR						745-6	6-6150	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Roy ty, use	yalties Schedule	C . See	instru	ctions. If you are	e an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								s 🛛 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. \[Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode))						
Α	12/31, TAHIR STREET PERNAMBUT, VELLORE T	'AMIL	NADU	IN 63	3581	0			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair real estate properties.	rental	and		Fa	ir Rental Days	Persor Da		QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С			•	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Reni Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya		-	Self-Rental Other (describ			
						Propertie	s:		
Incon				Α		В			С
3	Rents received	3		4	10.				
4	Royalties received	4							
Expe		_							
5	Advertising	5 6							
6 7	Auto and travel (see instructions)	7		1,0	2.0				
7 8	Commissions	8		1,0	30.				
9		9							
10	Insurance	10							
11	Management fees	11		8	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			50.				
13	Other interest	13							
14	Repairs	14		2,0	10.				
15	Supplies	15		2,2					
16	Taxes	16							
17	Utilities	17		2,3	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,4	35.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-8,0	25.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,02	5.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		410.		
b	Total of all amounts reported on line 4 for all royalty proper	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	8,	435.		
24	Income. Add positive amounts shown on line 21. Do not		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate						25	(8,025.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-8,025.